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TO:

Tallahassee, Florida 32301

CR2E079 (5/06)

(Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted filing.			
(Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted filing. Please return all correspondence concerning this matter to: Aswin E Joesoef (Contact Person) (Firm/Company) 5866 Harrington Way			
The enclosed member, managing member or manager resignation and fee(s) are submitted filing. Please return all correspondence concerning this matter to: Aswin E Joesoef (Contact Person) (Firm/Company) 5866 Harrington Way			
Please return all correspondence concerning this matter to: Aswin E Joesoef (Contact Person) (Firm/Company) 5866 Harrington Way			
Aswin E Joesoef (Contact Person) (Firm/Company) 5866 Harrington Way	for		
(Contact Person) (Firm/Company) 5866 Harrington Way			
(Firm/Company) 5866 Harrington Way			
5866 Harrington Way			
(Address)			
Boca Raton, Florida 33496			
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For further information concerning this matter, please call:			
Aswin E Joesoef at (561) 350-6590			
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as soef Skin Care Distril		s of the Florida Department
2. This limited liab	lity company was organized rida	under the laws of:	
3. The Florida docu L06000025	ment/registration number of	this limited liability con	npany is:
4. I, Aswin E Jo	pesoef ame of Person Resigning)	, hereby resign as a	President/Manager (Print Title)
	oility company and affirm the	e limited liability compa	ny has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	` •		08 OCT SECKL TALLAH